

February 2, 2021

House Bill 108 – Behavioral Health Crisis Response Services - SUPPORT

Chair Pendergrass, Vice Chair Pena-Melnyk, and members of the Health and Government Operations Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 45,000 families, individuals, community-based organizations and service providers. NAMI Maryland is dedicated to providing education, support and advocacy for persons with mental illnesses, their families and the wider community.

In 2018, the Maryland Behavioral Health Crisis Response Grant Program was created to provide funds to local governments to help establish and expand local crisis services, including mobile crisis services, walk-in crisis services, crisis residential beds, and other behavioral health crisis programs and services.

House Bill 108 on the existing Behavioral Health Crisis Response Grant Program by: increasing funding for the program creating a permanent funding stream. In this bill, a mobile crisis team is further defined to ensure local governments are investing in a comprehensive program equipped to address Marylanders in crisis 24/7. The bill also encourages local governments to invest in mobile crisis teams that:

- Minimize the role of law enforcement in crisis interactions
- Are culturally competent
- Work with their local communities to evaluate and trouble shoot service delivery issues, in part by engaging with local advocacy groups, and
- Following stabilization, ensure that individuals have appropriate follow up care and support utilizing peers.

Finally, the Behavioral Health Administration would be required to solicit feedback on these programs in a wide variety of ways to ensure maximum participation from communities which have historically had difficulties accessing care.

The goal of these changes is to ensure that Marylanders in crisis are connected to appropriate clinical services in the safest way possible. Since 2015, nearly a quarter of all people killed by police officers in America have had a known mental illness. Mobile Crisis Units are designed to respond rapidly to individuals experiencing crisis and include emergency mental health evaluations performed by a clinician who can help stabilize or determine the right placement for an individual to be stabilized. Connections to community-based services and additional follow up and support should always follow an initial response.

NAMI supports a grant program that incentivizes better integration of the mental health care system into crisis calls and law enforcement interaction overall. Many jurisdictions in Maryland have done a lot to train their officers to deescalate, respond and/or call an appropriate response to an individual in crisis. For that, we are grateful and look forward to continuing our work with local law enforcement agencies on Crisis Intervention Team trainings. But, we can't lean on law enforcement for a robust crisis response program. We need to do more to ensure that our local governments go beyond training and move to providing more community-based supports including Mobile Crisis Units that are designed to address the needs of their community and are staffed by culturally competent, trained clinicians and peers to help stabilize individuals and keep them on their path to treatment and wellness.

For these reasons, NAMI Maryland asks for a favorable report on **HB 108**.